

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	1051
FORMALITY REVIEW	dmw	751	10-22-01

Responsible

CR  
RIB

INDEX OF CLAIMS

1109  
1076

4-30-02  
08/03/02

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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926  
50-571  
08/03/02